Exodus of Specialised Staff from AIIMS

7742. SHRI O.P. KOHLI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether senior specialists at the country's premier medical institute, All India Institute of Medical Sciences, New Delhi, are leaving it to either take up assignments abroad or to set up their private practices in search of more money;

(b) whether the exodus of senior specialists from the Institute is also attributed to the increasingly politicised atmosphere in the Institute; and

(c) if so, whether Government propose to take remedial masures to retain the credibility of this Insittute?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) 13 faculties members have resigned or taken voluntary retirement over the last two years from AIIMS. It is, however, not known how many of them took up foreign assignments and how many started private practice.

(b) No, Sir.

(c) Does not arise.

Efforts to Achieve Health for all by 2000 A.D.

7743. SHRI JAGMOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government or any of the agency or any independent Non-Governmental Organisation conducted any 'achievement-audit' of the Policy/ programme of achieving "health for All" by 2000 A.D.;

(b) if so, what are the findings thereof; and

(c) whether there is any proposal under consideration of Government to set up 'empowered village committees' or organise "national health-scount movement" to achieve better results and attain all targets of "Health for All" by 2000 A.D.?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) Health Care Programmes are centrally monitored. A statement showing the level of achievements is enclosed; (*see* below).

(c) No, Sir.

Statement

Goals for Health and Family Welfare Programmes level as Quoided in National Health Policy Vis-A-Vis Achievements

Sl. No.	Indicator	Level as quoted in NHP	Goals			Achievements	Latest available figures
			1985	1990	2000	1998	
1.	2	3	4	5	6	7	8
1.	Infant Mortality Rate:						
	Rural	136 (1978)	122			86	86.0
	Urban	70 (1978)	68			50 (final)	50.0
	Combined	125 (1978)	106	87	Below 60	80	80 (1991)
2.	Perinatal Mortality	67 (1976)			30-35	49.6	46.0 (1991)
3.	Crude death rate	Around 14	12	10.4	9.0	9.6	9.8 (1991)
4.	Pre-school Child (1-5 Yrs.) mortality	24 (1976-77)	20-24	15-20	10	26.5	26.5 (1991)
5.	Maternal mortality	4-5 (1976)	3-4	2-3	Below 2	4	4 (1991)
6.	Life expectancy at birth (Yrs.)						

1.	2	3	4	5	6	7	8
	Male	52.6(1976-81)	55.1	57.6	64	58.1 (1986-91)	60.6 (1991-96)
	Female	51.6(1976-81)	54.3	57.1	64	59.1 (1986-91)	61.7 (1991-96)
7.	Babies with birth weight below 2500 gms (percentage)	30	25	18	10	—	30
8.	Crude birth rate	Around 35	31	27.0	21.0	29.9	29.5 (1991)
9.	Effective couple Protection (percentage)	23.6 (March, 82)	37.0	42.0	60.0	44.1 (March, 91)	
10.	Net reproduction rate (UMR)	1.48 (1981)	1.34	1.17	1.0	—	1.6
11.	Growth rate (annual)	2.24 (1971-81)	1.90	1.66	1.20		1.9 (1992)
12.	Family Size	4.4. (1975)	3.8		2.3	4.0 (1988)	
13.	Pregnant moth receiving ante-natal care (%)	40-50	50-60	60-75	100	60 (1988)	
14.	Deliveries by tained birth attendants (%)	30-35	50	80	100	40-50 (1988)	40-50
15.	Immunization status (% coverage TT) for pregnant)						
	Women	20	60	100		78.16	79.41 (1992-93)
	TT (for school children)						
	10 years		40	100	100	60.5	60.5
	16 years	20	60	100	100	86.45	86.45
	DPT (Children) below 3 years)	25	70	85	85	98.19	90.28 (1992-93)
	Polio (infants)	5	50	70	85	101.51	96.46 (1992-93)
	ECG (infants)	65	70	80	85	101.51	96.46 (1992-93)
	DT (New school entrants 5-6 Years)	20	80	85	85	82.0	82.0
	Typhoid (New school entrants 5-6 years)	2	70	85	85	62.6 (1987-88)	62.6
16.	Leprosy-persentage of disease arrested cases out of these detected*	20	40	60	80	65.0	74.86
17.	TD percentage of disease arrested cases ouf of those detected	50	60	75	90	66	66
18.	Blindness prevalence (%)	1.4	1	0.7	1.49	1.49	—

* = cases cured after 1983 out of the 4 million estimated leprosy cases.
NHP = National Health Policy
Source: National health Policy, 1983**

Persons Suffering from Epilepsy

7744. SHRI CHATURANAN MISHRA:
SHRI N.E. BALARAM:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government consider apilepsy as incurable;

(b) if so, what kind of help is extended to apileptic patients to sustain their life;

(c) whether it is a fact that they are not treated as handicapped; and

(d) if so, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) Epilepsy is treatable. The patients are prescribed suitable drugs to control their attacks.